

FILED DEC 20 1957

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

45479

STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 4459 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Osceola</u>		c. CITY OR TOWN <u>Osceola</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Osceola Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1 day</u>	
3. NAME OF DECEASED (Type or print) <u>Gladys</u>		4. DATE OF DEATH <u>Nov; 24/57</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec; 28, 1897</u>	
9. AGE (In years last birthday) <u>59</u>		10. F UNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HRS. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Liberty Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Elisha Banner</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Hough</u>	
14. NAME OF HUSBAND OR WIFE <u>B.E. Mattocks</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>B.E. Mattocks, Osceola Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>3 years</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Osceola Mo.</u>		COUNTY _____ STATE _____	
21. I attended the deceased from <u>Nov 21</u> to <u>Nov 24</u> and last saw him alive on <u>Nov 24</u> Death occurred at <u>11:30</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Hubert M. Thron M.D.</u>	
22b. ADDRESS <u>Osceola Mo.</u>		22c. DATE SIGNED <u>11-26-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11/27/57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Brookings</u>		23d. LOCATION (City, town, or county) (State) <u>Raytown Missouri</u>	
24. FUNERAL DIRECTOR <u>Goodrich - Osceola Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-2-57</u>	
26. REGISTRAR'S SIGNATURE <u>Paul K. Seewers</u>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS JUN 18 1959

JAN 6 1958  
DEC 23 1957

VS JUL 15 1960

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed W. B. Beal .....

Licensed Embalmer No. 3038 .....

P. O. Address Oscar 74 .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.